

CAMPAIGN CONTRIBUTIONSReport Period **#AF**

UAW Region 5 Western States PAC

Name (print)

Office (if applicable)

District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
UAW Local 2162 115- Terminal Way Reno, NV 89502	1/1/03 – 12/31/03	\$3,640	
UAW Local 148 3971 Pixie Ave. Lakewood, CA 90712	1/1/03 – 12/31/03	\$47,217	
UAW Local 179 11625 Sherman Way N. Hollywood, CA 91605	1/1/03 – 12/31/03	\$4,909	
UAW Local 230 5141 Santa Ana St. Ontario, CA 91761	1/1/03 – 12/31/03	\$2,123	
UAW Local 805 5901 Atlantic Ave. Long Beach, CA 90805	1/1/03 – 12/31/03	\$2,037	

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CAMPAIGN EXPENSESReport Period **#AF**

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

UAW Region 5 Western States PAC

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

[illegible]

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UAW Region 5 Western States PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

**Contributions In Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
0				

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**IN KIND CAMPAIGN
EXPENSES**Report Period **#AF**

UAW Region 5 Western States PAC

Name (print)

Office (if applicable)

District (if applicable)

IN KIND**Expenses in Excess of \$100****Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
0			

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